

Community Pathways – Revised Draft Proposal

Service Type: Other

Service (Name): Skilled Nursing

Alternative Service Title: NURSE CASE MANAGEMENT AND DELEGATION SERVICES (CM/DN)

HCBS Taxonomy:

Check as applicable

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☐ Service is included in approved waiver. The service specifications have been modified.
- ☒ Service is not included in the approved waiver

Service Definition:

- A. Nurse Case Management and Delegation Services are nursing service in which Registered Nurses (RN) provide health case management and the delegation of nursing tasks for an unlicensed individual to perform acts that may otherwise be performed only by a RN or Licensed Practical Nurse (LPN).
- B. Health Case Management service including:
1. Comprehensive Nursing assessment of the individual including the individual's health, medical appointments, and nursing needs;
 2. Development of protocols to support the individual, train staff, and access emergency services available in the community;
 3. Completion-Review of the Health Risk Screening Tool (HRST) to assist the individual at Level 3 or above to understand his/her health needs and to develop a plan for obtaining service in the community;
 4. Completion of the Medication Administration Screening Tool to determine the level of support needed for medication administration;
 5. Recommendations to the individual receiving services for accessing health services that are available in the community;
 6. Monitoring for compliance with recommendations from health professional;
 7. Recommendations for accessing community resources and needed healthcare services;
 8. Communicating with individual receiving services and team members in the coordination of health care needs and recommendations appropriate to meet the health needs of the individual;
 9. Monitoring health data;
 10. Review of care and supports for cost efficiency and effectiveness as directed in COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05, and 10.27.11.06 to ensure the right service, at the right time, for the right amount;
 11. Development of a nursing care plans, training and supervision of the staff providing the health services including administration of medications and treatments, and activities of daily living (ADL) care/health supports;

12. Updates and review to the HRST Level 3 or above and Medication Screening Tool when changes in health;
13. Annual review and update of the HRST at Level 3 or above; and
14. Annual completion of the Medication Administration Screening Tool.

C. Delegation service including:

1. Assessment of the needs and abilities of the individual receiving services, staff performance of delegated nursing tasks, and of the environment of service/care delivery.
2. Delegation of the performance of nursing tasks (i.e., acts of a licensed nurse that include medication administration and treatment administration) by unlicensed staff in accordance with the Maryland Board of Nursing Nurse Practice Act COMAR 10.27.11, 10.39.01, 10.39.04, 10.39.05, and 10.39.07.
3. Training, supervision and remediation of unlicensed staff that provide administration of medication, treatments and personal care (e.g., Activities of Daily Living (ADL) care) as required in COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05, and 10.27.11.06.
4. On-Call service for when paid staff are providing delegated services for up to 24 hours per day, 365 days per year as required in COMAR 10.27.11.04 B.

D. Collaboration with the DDA licensed provider agency in the development of policies and procedures required for delegation

SERVICE REQUIREMENTS:

- A. Nurse Case Management and Delegation Services are available for individual self-directed services and individuals receiving services in a DDA licensed site.
- B. In order to access services, the following criteria must be met:
 1. Individual health conditions must be determined to be chronic, stable, routine, predictable and uncomplicated as per COMAR 10.27.11;
 2. Individual must require delegation of medication and treatments as per COMAR 10.27.11.01 which is determined by a Developmental Disabilities Registered Nurse Case Manager/Delegating Nurse (RN CM/DN) based on the Medication Technician Training Program - Medication Administration Screening Tool; and
 3. The RN CM/DN has determined that all tasks/skills required to be performed or assisted with are delegatable and the interval of RN assessment, training, and supervision allow for the safe delivery of delegated services in accordance with COMAR 10.27.11. 03, 10.27.11.04, 10.27.11.05.
- C. RN assessment of individual, staff, environment, and care plan are done minimally every 45 days as per COMAR 10.27.11 regulations or more often as indicated by the individual's health condition and in accordance with the Maryland Board of Nursing regulations COMAR 10.27.11.03, 10.27.11.04, and 10.27.11. All revisions, recommendations, remediation and training completed must be documented by the RN.
- D. RN may delegate to the individual's spouse, parent, legal guardian, siblings, children, and licensed provider agency staff.
- E. Service is not provided in hospital, nursing/rehabilitation facility, residential treatment center or other facility where nursing services are included in the living arrangement.

~~F. The individual receiving services must be an adult of the age of 21.~~

~~G.F.~~ The program will not reimburse services provided through the school system, foster care, or other resources.

~~G. Services will not be covered if available under the individual's private insurance, the Medicaid State Plan (including EPSDT benefits), private or public educational services, the Rehabilitation Act, other waiver services, or through other resources.~~

~~H. This waiver service is only provided to individuals age 21 and over. All medically necessary Nurse Case Management and Delegation Services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.~~

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Nurse assessment is limited to up to three (3) hours per assessment.

Service Delivery Method (check each that applies)

☒ Participant Directed as specified in Appendix E

☒ Provider Managed

Specify whether the service may be provided by (check all that applies):

☐ Legally Responsible Person

☐ Relative

☐ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Individual – for self-directed services Licensed Registered Nurse
Agency	DDA Licensed Services Provider

Provider Category: Individual

Provider Type: Individual for participants Self-Directing Services

Provider Qualifications License (specify):

License (specify):

Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license

Certificate (specify):

Other Standard (specify):

1. The following minimum standards are required:

- a. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation
- b. Passing a criminal background investigation

2. Individuals in self-directing services, as the employer, determine staff specific requirements and may require additional staffing provider requirements based on their preferences and level of needs such as:

- a. Training by individual/family on individual-specific information
- b. Be active on the DDA registry of DD RN CM/DNs
- c. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year

Registered Nurse must:

- ~~1. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation~~
- ~~b. Be active on the DDA registry of DD RN CM/DNs~~
- ~~2. Complete the online HRST Rater and Reviewer training~~
- ~~3.1. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year~~

~~Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.~~

Verification of Provider Qualifications Entity

Responsible for Verification:

- Fiscal Management Services Provider

Frequency of Verification:

- Prior to service delivery

Provider Category: Agency

Provider Type: DDA Licensed Services Provider

Provider Qualifications License (specify):

License (specify):

DDA Licensed Services Provider as per COMAR 10.22.02

Certificate (specify):

Other Standard (specify):

Registered Nurse must:

1. Employed or under contract with the Licensed Service Provider
2. Possess valid Maryland and/or Compact Registered Nurse license
3. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation
4. Be active on the DDA registry of DD RN CM/DNs
5. Complete the online HRST Rater and Reviewer training
6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year

~~Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.~~

Verification of Provider Qualifications Entity**Responsible for Verification:**

- DDA for verification of DDA Licensed provider
- Providers for verification of Registered Nurse qualifications

Frequency of Verification:

- DDA - annually
- Providers – prior to service delivery